

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584908

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
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9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22	1					
23		2				
24	1					
25	1					
26		1				
27						
28						
29						
30	1					
31	1					
32		1				
33	1					
34	1					
35		2				
36	1					
37		1				
38						
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48						
49						
50						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	2	←		←		←
TOTAL CLAIMS	10					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						